

PATENT FEE(S) TRANSMITTAL

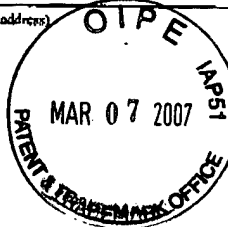
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23552 7590 12/08/2006

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Sarah Dannecker (Depositor's name)
[Signature] (Signature)
March 7, 2007 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/654,276	09/01/2000	Smadar Cohen	9124.117US01	5848

TITLE OF INVENTION: TISSUE ENGINEERED BIOGRAFTS FOR REPAIR OF DAMAGED MYOCARDIUM

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$0	\$0	\$700	03/08/2007
EXAMINER	ART UNIT	CLASS-SUBCLASS				
WEHBE, ANNE MARIE SABRINA	1633	424-093700				

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member one registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

BEN-GURION UNIVERSITY OF THE NEGEV
RESEARCH & DEVELOPMENT AUTHORITY

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Beer-Sheva, Israel

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

☒ Issue Fee☐ Publication Fee (No small entity discount permitted)☒ Advance Order - # of Copies 2

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☐ A check is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit (any overpayment, to Deposit Account Number 13-2725 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

[Signature]

Date March 7, 2007

Typed or printed name Gregory A. Sebald

Registration No. 33,280

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A Professional Corporation

Fax Transmission | March 7, 2007

TO:

Mail Stop Issue Fee Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450	FROM: Gregory A. Sebald OUR REF: 09124.0117US01 TELEPHONE: 612.336.4728
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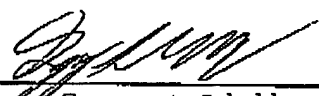
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PTO FAX NUMBER 1-571-273-2885

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Title of Document Transmitted: Issue Fee Transmittal - Part BApplicant: COHEN et al.Serial No.: 09/654,276Filed: September 1, 2000Group Art Unit: 1633Our Ref. No. 09124.0117US01Confirmation No. 5848

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By: 
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